**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I  |                     |              |                                 |   |  |                    | SMALL ENTITY        |                                       |              | OTHER THAN          |                        |
|---|---------------------|--------------|---------------------------------|---|--|--------------------|---------------------|---------------------------------------|--------------|---------------------|------------------------|
|   |                     |              |                                 | Column 1)   |  | lumn 2)            | TYPE                |                                       | OR           |                     | ENTITY                 |
| FÇ.   | OR                  |              | NUMBI                           | ER FILED  | NUMBER                                       |                    | RATE                | FEE                                   | 7            | RATE                | FEE                    |
| BASIC FEE   |                     |              | 7                               |   |  |                    | ****                | 345.00                                | OR           |                     | 690.00                 |
| TO  | OTAL CLAIMS         |              | 4:                              | 5 minus 2   | 20= 23                                       | ,                  | X\$ 9=              |                                       | OR           | X\$18=              | 414                    |
|   | DEPENDENT CL        |              |                                 | minus   | 3 = *  |                    | X39=                |                                       | OR           | X78=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                     |              |                                 |   |  | +130=              |                     | OR                                    |              |                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |                     |              |                                 |   |  |                    | TOTAL               | +                                     | OR           |                     | 109                    |
|   | C                   | LAIMS        | S AS F                          | AMENDED   |  | -                  | -1                  | OTHER                                 | THAN         |                     |                        |
|   |                     |              | umn 1)                          | - The State of State | (Column 2)                                   | (Column 3)         | SMALL               | ENTITY                                | OR           | SMALL               |                        |
| ENT A   |                     | REMA<br>AFT  | AIMS<br>AINING<br>TER<br>IDMENT |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR  | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>AMENDMENT</b>  | Total               |              |                                 | Minus   | **   | =                  | X\$ 9=              |                                       | OR           | X\$18=              |                        |
| AME   | Independent         | •<br>ENTATIO | NOEM                            | Minus   | PENDENT CLAIN                                | =                  | X39=                |                                       | OR           | X78=                |                        |
|   | FIRST TILGE         | NIAIIC       | N OF IVI                        | JEHIFLE DE  | ZENDENT OLDIN                                |                    | +130=               | -                                     | OR           | +260=               |                        |
|   |                     |              |                                 |   |  |                    | TOTAL               |                                       | <b>┤</b> ╭╮' | TOTAL               | <del></del>            |
|   |                     | (Colu        | · 1\                            |   | (Calumn 2)                                   | (Onlymon 2)        | ADDIT. FEE          |                                       | Jon ,        | ADDIT. FEE          | <u> </u>               |
|   | AND THE STATE OF    | CLA          | imn 1)<br>AIMS                  | Tate of at  | (Column 2)<br>HIGHEST                        | (Column 3)         |                     | ADDI                                  | 1 /          | <del></del>         |                        |
| ENT B   |                     | AFT          | AINING<br>TER<br>DMENT          |   | NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total               | •            |                                 | Minus   | **   | =                  | X\$ 9=              |                                       | OR           | X\$18=              |                        |
| AME   | Independent         | -<br>NTATION | NOS MI                          | Minus   | ***  | =                  | X39=                |                                       | OR           | X78 <sub>.</sub> =  |                        |
|   | FIRST FRESLI        | NIAHO        | · ·                             | JLIIPLE DEF   | PENDENT CLAIM                                |                    | +130=               |                                       | OR           | +260=               |                        |
|   |                     |              |                                 |   |  |                    | TOTAL<br>ADDIT. FEE |                                       |              | TOTAL               | -                      |
|   |                     | (Colur       | mn 1)                           |   | (Column 2)                                   | (Column 3)         | AUUH, FEG           | · · · · · · · · · · · · · · · · · · · | ,            | ADDIT. FEE          |                        |
| $\overline{a}$  |                     | CLA          | AIMS                            | 213   | HIGHEST                                      |                    |                     | ADDI-                                 |              | · ·                 | 4001                   |
| ENT C   |                     |              | NINING<br>TER<br>DMENT          |   | NUMBER<br>PREVIOUSLY<br>PAID FOR             | PRESENT<br>EXTRA   | RATE                | TIONAL<br>FEE                         |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total               | •            |                                 | Minus   | **   | =                  | X\$ 9=              |                                       | OR           | X\$18=              |                        |
| ME  | Ind pendent         | •            |                                 | Minus   | ***  | =                  | X39=                |                                       |              | X78=                |                        |
|   | FIRST PRESE         | 10ITATN      | I OF ML                         | JLTIPLE DEP   | PENDENT CLAIM                                | 1                  | 700-                |                                       | OR           | ^/6-                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                     |              |                                 |   |  |                    | +130=               |                                       | OR           | +260=               |                        |
| •• [  | If the "Highest Num | mber Prev    | viously Pa                      | aid For IN THIS   | S SPACE is less that<br>S SPACE is less that | an 20, enter "20." | ADDIT. FEE          |                                       | OR A         | TOTAL<br>ADDIT. FEE |                        |
|   |                     |              |                                 |   | r Independent) is the                        |                    | found in the and    | oropriate box                         | in colu      | umn 1               |                        |